

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90234 038 ***150.00

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1. Entity Name
GRYPHUS FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address

1924 S OSPREY AV P. O. BOX 1329
 SUITE 200 SARASOTA, FL 34230 US
 SARASOTA, FL 34239 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04012008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 65-0557704 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGINNESS, W LEE 1800 SECOND STREET SUITE 971 SARASOTA, FL 34236	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code
	FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT	TITLE	
NAME	GRIFFIN, WILLIAM D	NAME	
STREET ADDRESS	1924 S OSPREY AV SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234	CITY-ST-ZIP	
TITLE	VPS	TITLE	VPS
NAME	SALSER, RANDAL D	NAME	John Ford Griffin
STREET ADDRESS	1924 S OSPREY AV STE 200	STREET ADDRESS	1924 S. Osprey Ave, Ste 200
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP	Sarasota, FL 34233
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William D. Griffin* Date: *4/23/2008* Daytime Phone #: *(941) 816-6820*